

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1957

State File No. **46134**
11878
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 10-yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give full name and location) 3225 N. Florissant Ave. HOSPITAL OR INSTITUTION Little Sisters of Poor				e. STREET ADDRESS (If rural, give location) 3225 N. Florissant Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle) _____		c. (Last) Moeller		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1957	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 18, 1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Covington, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Herman Kattam		13b. MOTHER'S MAIDEN NAME Louise Droscher		14. NAME OF HUSBAND OR WIFE Edward Moeller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-05-0959		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carrie Eultgen, 3957 Fairview Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio-sclerotic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 3 1/2	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 420.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 12, 1957 , to Dec 10, 1957 , that I last saw the deceased alive on Dec 7, 1957 , and that death occurred at 7 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Ernest H. Hotte (Degree or title) _____				23b. ADDRESS 2435 N. Grand Blvd.		23c. DATE SIGNED 12-10-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. DEC 11 1957		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Donnelly		ADDRESS 3840 Wendell Blvd.	
(Licensed Embalmer's Statement on Reverse Side)							

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U.S. National

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4699

P. O. Address 3840 Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.